

512127

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							
				SERIAL NO.		FILING DATE	
				APPLICANT(S)			
CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	/		/				51
2	/		/				52
3							53
4	0						54
5	/		/				55
6	/		/				56
7	0		0				57
8	0		0				58
9							59
10	0		0				60
11	0		0				61
12	0		0				62
13	/		/				63
14	/		/				64
15	/		/				65
16							66
17							67
18							68
19							69
20							70
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40							90
41							91
42							92
43							93
44							94
45							95
46							96
47							97
48							98
49							99
50							100
TOTAL IND.		↓	8	↓		↓	
TOTAL DEP.		←	9	←		←	
TOTAL CLAIMS			13				
TOTAL GLADIS							